



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E417414**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	15-01003
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIBAL RESERVATION	
--------------------	--

M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION 04 - 18 - 2015	1712	31		0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input checked="" type="checkbox"/>	BLOCK NO. <input checked="" type="checkbox"/>	400
SR 9 NE	MILE POST	

DISTANCE	OF (REFERENCE OR CROSS STREET)
600 00 MILES FEET	MARKET PLACE

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4254836913
---------	---	--------------------------------------	--	---------------------

LAST NAME	NELSON	FIRST NAME	JOYCE	MIDDLE INITIAL	M
-----------	--------	------------	-------	----------------	---

STREET NEW ADDRESS	17910 157TH AVE NE
--------------------	--------------------

CITY	WOODINVILLE	ST	WA	ZIP	980729273
------	-------------	----	----	-----	-----------

CDL	RESTRICTIONS	B	ENDORSEMENTS	
-----	--------------	---	--------------	--

DRIVER'S LICENSE #	NELSOJM667RW	STATE	WA	SEX	F	D.O.B. MMDDYYYY	12	16	1934
--------------------	--------------	-------	----	-----	---	-----------------	----	----	------

ON DUTY <input type="checkbox"/>	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES	
----------------------------------	--------	---	--------	---	-------	---	------------	---	--------------	---	--------------------	--

LICENSE PLATE #	AGK2876	STATE	WA	VIN#	JHLRM4H75CC013725
-----------------	---------	-------	----	------	-------------------

TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
-----------------	--	-------	--	-----------------	--	-------	--

VEH. YEAR	2012	MAKE	HOND	MODEL	CRV	STYLE	UT	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	------	------	------	-------	-----	-------	----	---	----------	--	---

REGISTERED OWNER INFO. GEORGE NELSON 17910 157TH AVE NE WOODINVILLE WA 98072

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ALLSTATE 917939659
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
---------	---	--------------------------------------	-------------------------------------	---	--	-------

LAST NAME	BLANKENSHIP	FIRST NAME	MERLE	MIDDLE INITIAL	L
-----------	-------------	------------	-------	----------------	---

STREET NEW ADDRESS	40 E GOSSER RD
--------------------	----------------

CITY	SHELTON	ST	WA	ZIP	985849572
------	---------	----	----	-----	-----------

CDL	A	RESTRICTIONS		ENDORSEMENTS	N, P, T
-----	---	--------------	--	--------------	---------

DRIVER'S LICENSE #	BLANKML500NU	STATE	WA	SEX	M	D.O.B. MMDDYYYY	08	31	1950
--------------------	--------------	-------	----	-----	---	-----------------	----	----	------

ON DUTY <input type="checkbox"/>	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES	
----------------------------------	--------	---	--------	---	-------	---	------------	---	--------------	---	--------------------	--

LICENSE PLATE #	42373RP	STATE	WA	VIN#	5KJJABBG9EPFR3708
-----------------	---------	-------	----	------	-------------------

TRAILER PLATE #	9442JJ	STATE	OK	TRAILER PLATE #		STATE	
-----------------	--------	-------	----	-----------------	--	-------	--

VEH. YEAR	2014	MAKE	WEST	MODEL	COMMER	STYLE	TR	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	------	------	------	-------	--------	-------	----	---	----------	--	---

REGISTERED OWNER INFO. MERLE BLANKENSHIP 40 E GOSSER RD SHELTON WA 98584 D: 3602802777 N: 3604277105

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	GREAT WESTERN CASUALTY MCP06442B
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE



OFFICER'S NAME (PRINT)	W. AUKERMAN	BADGE OR ID #	72	AGENCY	WA0311900
------------------------	-------------	---------------	----	--------	-----------



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E417414**

CASE # **15-01003**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		NELSON GEORGE G																	
ADDRESS & PHONE #		17910 157TH AVE NE WOODINVILLE WA 980729273												SEX	M	D.O.B. MMDDYYYY	06	- 15 - 1935	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #														SEX		D.O.B. MMDDYYYY		- -	
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #														SEX		D.O.B. MMDDYYYY		- -	
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

On 04/18/2015 at about 1712 hours (all times approximate) I was patrolling in the 400 block of SR 9 NE, in the city of Lake Stevens, when I came upon a blocking vehicle collision that had just occurred between a commercial vehicle and a passenger car.

The collision was found to be non-injury and the vehicles were moved onto the shoulder of the roadway.

Based on statements and evidence at the scene it is found that U2 had been traveling southbound in the 400 block of SR 9 NE in the inside lane (a through lane for southbound SR 9) and that U1 had been traveling in the 400 block of SR 9 NE in the outside lane (a right turn only lane for westbound Market Place). The driver of U1 stated she tried to get over into the through lane (not wanting to turn right), believing she was past the commercial vehicle and moved left into the front passenger side steer tire and bumper; causing reportable damage.

I had assisted the driver of the commercial vehicle with picking up parts of his vehicle which indicated to me the collision had occurred at this location as stated by both drivers.

I took several digital images of the damage to the vehicles and of the roadway which were later printed and saved to CD-RW as evidence. I completed the exchange of information with the drivers and both vehicles drove from the scene.

**** AUTO-POPULATED SECTION ****

THE FOLLOWING ARE DESCRIPTIONS ENTERED FOR ITEMS SELECTED AS "OTHER":

Motor Vehicle Unit 1

Traffic Control: RIGHT TURN ONLY LANE

**** END OF AUTO-POPULATED SECTION ****

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

W. AUKERMAN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

04-19-15 08:01 AM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

4/20/2015 12:16:23 AM

BADGE OR ID #

72

ORI #

WA0311900

TIME POLICE DISPATCHED

5:12 PM

TIME POLICE ARRIVED

5:12 PM



SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO. **E417414**

CASE # **15-01003**

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐ INTRASTATE ☐

UNIT # **2** USDOT **00** ICC # **0** VEHICLE TYPE **+** CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY ST ZIP

NAME SOURCE # AXLES **00** GVWR **0** PLACARD ☐ + ☐ NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT # ☐ MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET ☐ YES ☐ NO ☐ PHONE

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS ☐

CITY ST ZIP

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX D.O.B. MMDDYYYY - -

ON DUTY ☐ STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

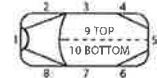
VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES ☐ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

SHADE IN DAMAGED AREA



UNIT # ☐ MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET ☐ YES ☐ NO ☐ PHONE

LAST NAME FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS ☐

CITY ST ZIP

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX D.O.B. MMDDYYYY - -

ON DUTY ☐ STATUS AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES ☐ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

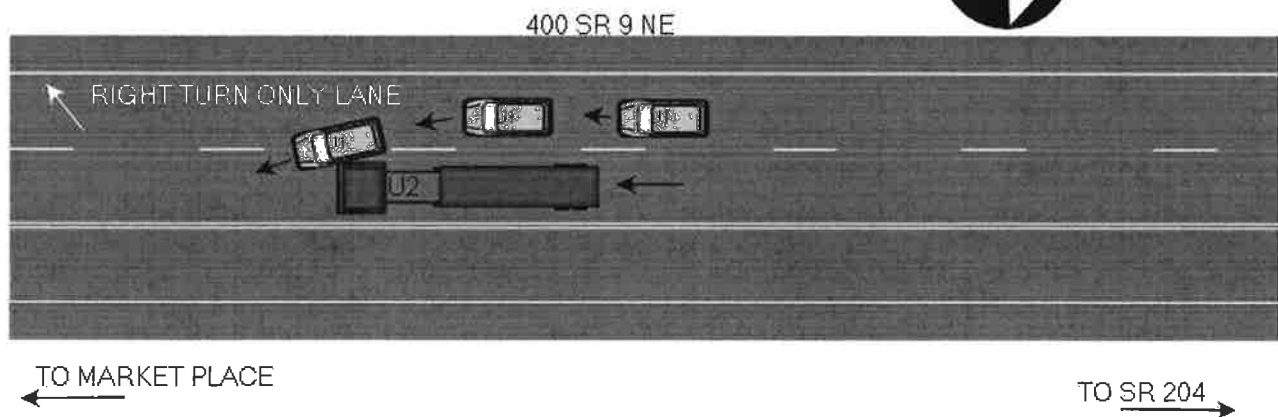
W. AUKERMAN

04-19-15 08:01 AM

INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET DATED: PLACE SIGNED

BADGE OR ID # **72** ORI # **WA0311900** APPROVED BY **MINER** DATE **4/20/2015** PAGE **3** OF **4**

NOT TO SCALE
OFFICER DID NOT OBSERVE COLLISION



EXCHANGE OF INFORMATION

OFFICER NAME: **W. AUKERMAN #72**

AGENCY: **LAKE STEVENS PD**

NARRATIVE/NOTES:

COLLISION: **04/18/15 05:12 PM**

DISPATCH: **04/18/15 05:12 PM**

ARRIVAL: **04/18/15 05:12 PM**

CASE#: **15-01003**

LOCATION: **SR 9 NE BN:400**

AT 4TH ST NE

UNIT 1:	MOTOR VEHICLE -	2012 CRV PLATE: AGK2876 (WA)	TOWED BY:
DRIVER: JOYCE M NELSON		VEH OWNER: GEORGE NELSON	
ADDRESS: 17910 157TH AVE NE WOODINVILLE, WA 980729273		ADDRESS: 17910 157TH AVE NE WOODINVILLE, WA 98072	
DL #: NELSOJM667RW		STATE: WA	
PHONE:		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY: ALLSTATE		INSURED BY: ALLSTATE	
POLICY #: 917939659		POLICY #: 917939659	
UNIT 2:	MOTOR VEHICLE -	2014PLATE: 42373RP (WA)	TOWED BY:
DRIVER: MERLE L BLANKENSHIP		VEH OWNER: MERLE L BLANKENSHIP	
ADDRESS: 40 E GOSSER RD SHELTON, WA 985849572		ADDRESS: 40 E GOSSER RD SHELTON, WA 98584	
DL #: BLANKML500NU		STATE: WA	
PHONE:		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY:		INSURED BY: GREAT WESTERN CASUALTY	
POLICY #:		POLICY #: MCP06442B	

LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>AUERMAN # 72</i>		Case Number <i>15-01003</i>	
Type of Crime: Felony / Misdemeanor (Circle)		Type of Case: <i>COLLISION</i>		Date/Time: <i>4-19-15 / 0620</i>	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification			

Item # <i>1</i>	Item <i>CD-RW</i>		Brand Name <i>COMMERCIAL</i>		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Serial #	Where Found <i>400 SR 9 NE LKS</i>	Weight of Narcotic			
Action # <i>3</i>						
Owner's Name Address City State Zip Phone #					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions <i>PCS</i>						

Item #	Item		Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Serial #	Where Found	Weight of Narcotic			
Action #						
Owner's Name Address City State Zip Phone #					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						

Item #	Item		Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Serial #	Where Found	Weight of Narcotic			
Action #						
Owner's Name Address City State Zip Phone #					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						

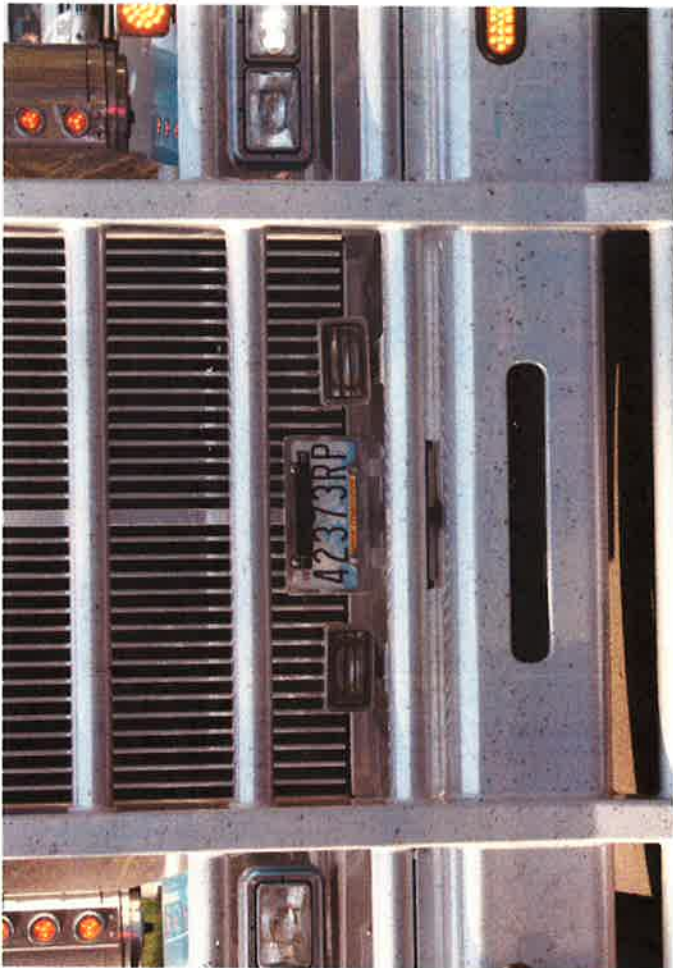
Item #	Item		Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Serial #	Where Found	Weight of Narcotic			
Action #						
Owner's Name Address City State Zip Phone #					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						

Item #	Item		Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Serial #	Where Found	Weight of Narcotic			
Action #						
Owner's Name Address City State Zip Phone #					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						

Evidence Control Use Only:					
Received by Evidence:	NCIC/WACIC ✓	Date:	CAD/RMS Checked	ROUTING: _____	
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room	
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File	











Incident History for: #SS15007506 Xref: #SS15007505
Case Numbers: \$SS15001003
Entered 04/18/15 17:12:10 BY SPDP17 SP0386
Dispatched 04/18/15 17:12:10 BY SPDP17 SP0386
Enroute 04/18/15 17:12:10
Onscene 04/18/15 17:12:10
Closed 04/18/15 17:40:14

Initial Type: COL Initial Alarm Level: Final Alarm Level:
Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H
Police BLK: SS002 Fire BLK: AG1518 Map Page: 397E-1 Group: SS1 Beat: Src

Loc: 400 SR 9 NE ,LKS btwn MARKET PL & SR 204 (V)

Loc Info:

Name: Addr: Phone:

/1712 (SP0386) \$OUTSRV ,NO MORE INFORMATION
/1712 DISPOS 19D2 #SS72 AUKERMAN, OFFICER (WAYNE)
 ,NO MORE INFORMATION
/1712 ASSTER 19S10 [400 SR 9 NE]
 #SS13 BROOKS, SGT (RON)
/1712 CHANGE LOC: 400 SR 9 NE --> 400 SR 9 NE ,LKS,
 BLK: --> SS002
/1713 \$CROSS #SS15007505
/1713 DUP #SS15007505
/1713 DUP NAM: MALE CALLER
 PHO: 3602802777
/1716 MISC 19D2 ,NO LONGER BLCKING, INCOMING CAN CANCEL
/1725 (SS13) *ONSCNE 19S10
/1726 (SS72) *ASNCAS 19D2 \$SS15001003
/1726 (SP0386) \$PREMPT 19S10
/1733 (SS72) REMINQ 19D2 MDTWANT, BLANKENSHIP, MERLE, L, 083150,,,WA,,,,,,,,,
 ""
/1734 REMINQ 19D2 MDTWANT, NELSON, JOYCE, M, 121634,,,WA,,,,,,,,,,,,,
/1734 REMINQ 19D2 MDTVEH, AGK2876,,WA,,,,,,,,,,,,,
/1740 *CLEAR 19D2 D/H
/1740 CLOSE 19D2

US DOT # 236380

5 AXLES TRK / TRL
53' - WAL MART

WEIGHT 36,500 lbs. empty

MEDICAL CARD - YES